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Atty Docket No. 018926-003220US

PTO FAX NO.: (703) 872-9306

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Group Art Unit 2134

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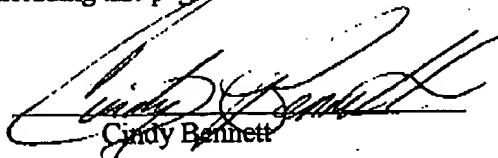
I hereby certify that the following document(s) in re Application of Robert S. Eisenbart et al., Application No. 09/493,984, filed January 28, 2000 for OBJECT SECURITY IMPLEMENTATION is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Document(s) Attached

1. Transmittal Form (1 page); and
2. Amendment (12 pages).

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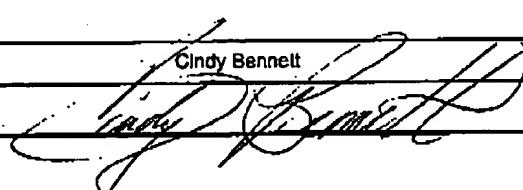
60124437 v1

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/493,984
		Filing Date	January 28, 2000
		First Named Inventor	Eisenbart, Robert S.
		Art Unit	2134
		Examiner Name	Simitoski, Michael J.
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ENCLOSURES (Check all that apply)

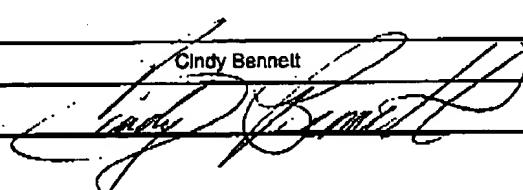
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> Alter Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
		Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

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